

Case Number:	CM13-0060712		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2013
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 64 year old male who sustained an injury to his right hand/wrist/5th finger, and shoulder on 4/3/13 as a result of performing his duties as a driver and maintenance worker. Subjective complaints include right hand and 5th finger pain with on and off numbness, as well as right handed weakness, pain in the right arm going to the right shoulder and shoulder blade. The patient also expresses feelings of stress. He has been treated with medications, physical therapy (16 sessions), wrist support, and an initial trial of four sessions of chiropractic care. The diagnoses assigned by the treating physician are wrist sprain/strain, finger sprain/strain, and shoulder sprain/strain. An x-ray study dated 11/6/13 states that there is a fracture of 5th finger of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

request for five sessions of chiropractic therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Records provided for review include an initial consultative report dated 9/5/13 and the most recent report dated 11/6/13. Objective functional improvement data from the chiropractic treatments rendered in the records as defined in the MTUS is present and noted. There has been improvement in range of motion and grip strength. The MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is not recommended for the wrist and hand; however, the ODG states that if a decision is made to use this treatment, practitioners are to allow for the fading of treatment frequency from up to three visits per week to one or less, with the addition of active self-directed home therapy. Given that objective functional improvements and measurable gains exist in the chiropractic records, and that the patient has been seen for an initial trial of four sessions of chiropractic care with improvement, the five chiropractic sessions for the right wrist and shoulder are medically necessary and appropriate. The request is certified.